A Tobacco Prevention And Control Plan

For Washington State

Building a Sustainable Program
For Long-term Success

September 2000

Tobacco Prevention and Control Council

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Secretary, Department of Health

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Washington State Department of Health

September 1, 2000

As I write this, Washington State has received $320 million as a result of settlements with the tobacco industry. More than a year ago, our state Legislature dedicated $100 million of the initial settlement funds for a Tobacco Prevention and Control Account to prevent children from becoming addicted to tobacco and to help adults quit. This is the largest investment ever made to fight the leading cause of preventable death and illness in Washington. These dollars will save lives. By 2008, we estimate that these efforts will reduce the number of adult smokers by 200,000 and the number of youth using tobacco by 20,000.

This report describes how communities, schools, and organizations will use this money to teach young people how to resist industry marketing, create more smoke-free environments, help people quit, and reduce youth access to tobacco. A statewide media campaign will support these and other local programs, discourage teens from starting, and direct tobacco-users to cessation programs.

Last spring, legislators approved $15 million for the first year of the program. The Tobacco Prevention and Control Plan will fund community programs in all 39 counties, educate youth in grades 5-9, provide cessation services to thousands of tobacco users, and run anti-tobacco advertisements in our state's major media markets.

It will take a long time to counteract tobacco marketing and the devastating effects of nicotine addiction.

The program uses approaches that have worked in other states. To bring the annual cost of the program to $15 million instead of the $26 million originally proposed, some activities were eliminated or reduced. But we were careful to provide enough funding for each program element to be effective.

As we begin Washington State's first comprehensive effort to protect children from tobacco and decrease use of tobacco products, it is important to remember that the tobacco industry spends $100 million a year to market products in our state. It will take a long time to counteract tobacco marketing and the devastating effects of nicotine addiction. That's why this report looks ahead seven years. Working together, we can made a difference. This report shows us how.

Thank you,

Mary C. Selecky
Secretary of Health

Acknowledgments

A Tobacco Prevention and Control Plan for Washington State: Building a Sustainable Program for Long-term Success has been a collaborative effort of public health experts, elected officials, and community representatives. We recognize their contributions here and also acknowledge the continuing support of Washington Governor Gary Locke and State Attorney General Christine Gregoire.

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The following recent reports provide data and insights into tobacco use, prevention, and control:

Tobacco and Health in Washington State: County Profiles of Tobacco Use
Washington State Department of Health, June 2000

A Tobacco Prevention and Control Plan for Washington State
Washington State Department of Health, December 1999

Best Practices for Comprehensive Tobacco Control Programs
U.S. Centers for Disease Control and Prevention, August 1999

Tobacco and Health in Washington State
Washington State Department of Health, April 1999

A Comprehensive Tobacco Prevention and Control Plan for Washington State
Office of the Attorney General, November 1998

Contents


I miss my lung, Bob.

Executive Summary

Washington's Tobacco Prevention and Control Plan will improve the health and well-being of the entire state. This report outlines the activities that will get underway during the plan's first year, in Fiscal Year 2001, as well as sustained activities through FY 2008.

This work builds on *A Tobacco Prevention and Control Plan for Washington State,* which the Depart ment of Health proposed to the 2000 Washington Legislature. The plan was developed by the Washington State Tobacco Prevention and Control Council—public health officials, tobacco control experts and advo-cates, and community representatives. The Legislature approved the plan and appropriated $15 million to carry out its first-year activities.

Most of the resources for this sus-tained effort will be drawn from the state's $100 million Tobacco Preven-tion and Control Account, which the Legislature created with funds from Washington's initial share ($320 million) of the national tobacco settlement. Washington's total share of settlement funds, through 2025, is expected to be $4.5 billion.

As they prepared to implement the state's tobacco prevention and control programs, the Department of Health and Council members recognized six overarching principles to guide program activities:

1. Prevention and control activities will be based on science.

2. All program activities must be consistent with the four overall goals for tobacco prevention and control outlined by the U.S. Centers for Disease Control and Prevention.

   These are: to prevent youth initiation of tobacco use; to promote quitting among youth and adults; to eliminate exposure to environmental tobacco smoke; and to eliminate disparities in tobacco use among different populations.

3. Tobacco prevention funds within the plan will be kept as fluid and flexible as possible and linked to successful outcomes.

The 2000 Washington Legislature appropriated $15 million to initiate the state's tobacco prevention activities during Fiscal Year 2001.

4. The program initially will focus on three target populations: youth, adults who are interested in quitting, and pregnant women.

5. Activities will build on Washington's existing tobacco prevention infrastructure.

6. The collaborative efforts of all key sectors of tobacco prevention, including involvement of several state agencies, will be maintained.

Year 1 Implementation

The Department of Health requested $26.24 million for Year 1; in appropriating $15 million for implementation, the Legislature provided about 60% of this request. To bring projected activities within this funding level, the Department and the Council made strategic decisions about how to preserve the science of the plan within the $15 million budget.

A mass media campaign—using television, radio, print, and other media—will target youth and adults interested in quitting.

They agreed to preserve all key elements of the original plan and to support programs in all of Washington's 39 counties. Year 1 activities are:

Community-based Programs—$4 million

Includes $1.5 million in statewide and regional activities and $360,000 in tribal contracts.

School-based Programs—$2.5 million

The Department of Health will distribute funds through the state's nine Educational Service Districts.

Cessation—$1.2 million

A statewide Quit Line will provide counseling and referral to thousands of adults.

Public Awareness and Education—$5.3 million

A mass media campaign—using television, radio, print, online, and other media—will target youth in grades 4-12 and adults interested in quitting.

Youth Access—$100,000

Activities will build on current efforts to discourage sales of tobacco products to minors.

Assessment and Evaluation—$1.2 million

The Department of Health will collect local data from all counties to conduct progress measurement and evaluate all program activities.

Administration costs in Year 1 will be $700,000 for managing and monitoring nearly 100 contracts and supporting activities of the Tobacco Prevention and Control Council.

A Sustainable Plan

From FY 2002 through 2008, public health officials will review and fine-tune the course for tobacco prevention and control set during Year 1 implementation.

A comprehensive program outcome review will be released to coincide with budget deliberations for the 2003-05 Biennium. Spending could intensify at this point to support activities that show the best results at discouraging tobacco use.

Introduction

History

Washington's Tobacco Prevention and Control Plan will improve the health and well-being of the entire state. Everyone will benefit: those who quit using tobacco, those who won't start, and those—all of us—who bear the burden of tobacco-related health care costs.

The 1999 Washington Legislature committed the state to this investment when it set aside $100 million of the state's initial share of the national tobacco settlement ($320 million) for Washington's Tobacco Prevention and Control Account, making Washington one of only eight states to dedicate a considerable portion of these funds to prevention.

This money will form the largest share of the state's spending on tobacco prevention and control, and it will leverage federal funding and private and community-based resources to enhance tobacco prevention and control efforts.

In 1999, the Legislature asked the Washington State Department of Health to develop a "sustainable, long-term, and comprehensive tobacco control program." The Department of Health appointed a team of experts, the state's 20-member Tobacco Prevention and Control Council, to recommend the most effective measures to prevent children from becoming addicted to tobacco and help adults quit. In *A Tobacco Prevention and Control Plan for Washington State*, released in December 1999, the Council recommended a $26.24 million plan for Fiscal Year 2001 that, over 10 years, could prevent 84,000 deaths and save more than $3 billion in medical costs.

The plan identified six areas where the state will focus its tobacco prevention funds: in community-based programs, school-based programs, cessation, public awareness and education, youth access, and assessment and evaluation. The 2000 Legislature reviewed the plan and appropriated $15 million from the Tobacco Prevention and Control Account to start the program during FY 2001. It also asked the Department of Health to "define the sustainable implementation of the long-term program given the remaining available balance in the

Everyone will benefit from Washington's Tobacco Prevention and Control Plan: those who quit using tobacco, those who won't start, and those—all of us—who bear the burden of tobacco-related health care costs.

tobacco prevention and control account." Public health officials then considered how best to deploy the remaining $85 million over the next eight years to optimize the state's investment.

Guiding Principles

As they prepared to implement a $15 million program within the legislative appropriation, the Department of Health and the Tobacco Prevention and Control Council recognized six overarching principles to guide program activities:

To ensure a cost-efficient program, funding will be linked to successful outcomes and continually adjusted based on the results of program assessment and evaluation.

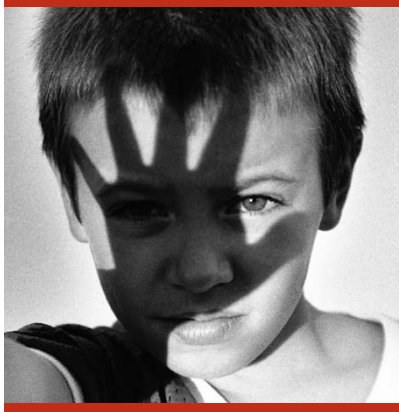
1. Prevention and control activities will be based on science.
The Council built the state's prevention plan on "best practices" identified by the U.S. Centers for Disease Control and Prevention (CDC). All of the plan's program components are based on local and state strategies that have proven effective in driving down tobacco use. These activities are tied to measurable outcomes. Public health officials will track their performance, monitor their effectiveness, and report outcomes using assessment and evaluation data collection tools.

2. All program activities will be consistent with the four overall goals for tobacco prevention and control outlined by CDC.
These are: to prevent youth initiation of tobacco use, to promote quitting among youth and adults, to eliminate exposure to environmental tobacco smoke (ETS), and to eliminate disparities in tobacco use among different populations.

3. Tobacco prevention funds within the plan will be kept as fluid and flexible as possible.
To ensure a cost-efficient program, funding will be linked to successful outcomes and adjusted based on assessment and evaluation.

4. The program initially will focus on three target populations:

- **Youth—**
  The average age at which people in Washington become smokers is 12, and more than a third of high school seniors smoke.
- **Adults who are interested in quitting—**
  A large share of Washington's one million adult smokers have not had access to programs that help them quit by addressing the physical and psychological barriers to quitting.



- **Pregnant women**—Women who smoke during pregnancy experience higher rates of miscarriage, complications, and low-birthweight babies.

5. Activities will build on Washington's existing tobacco prevention infrastructure. Washington's public health system has been working on tobacco prevention at the community level for more than a decade. Financed mostly by tobacco retailer license fees and federal funds, these activities have been implemented through Washington's 34 local public health jurisdictions and other contractors. New efforts will build on, rather than replace, current community-based activities and benefit from their understanding of local abilities and needs.

6. Maintain Washington's tobacco prevention partnerships. Tobacco prevention and control efforts will mobilize a network of partnerships—including the Office of Superintendent of Public Instruction, the Division of Alcohol and Substance Abuse, and the Office of Community Development—to create comprehensive, integrated programs.

Long-term Vision

The Tobacco Prevention and Control Plan is aimed at creating a future for the people of Washington that is healthy and free of the physical, psychological, and economic ravages of tobacco use.

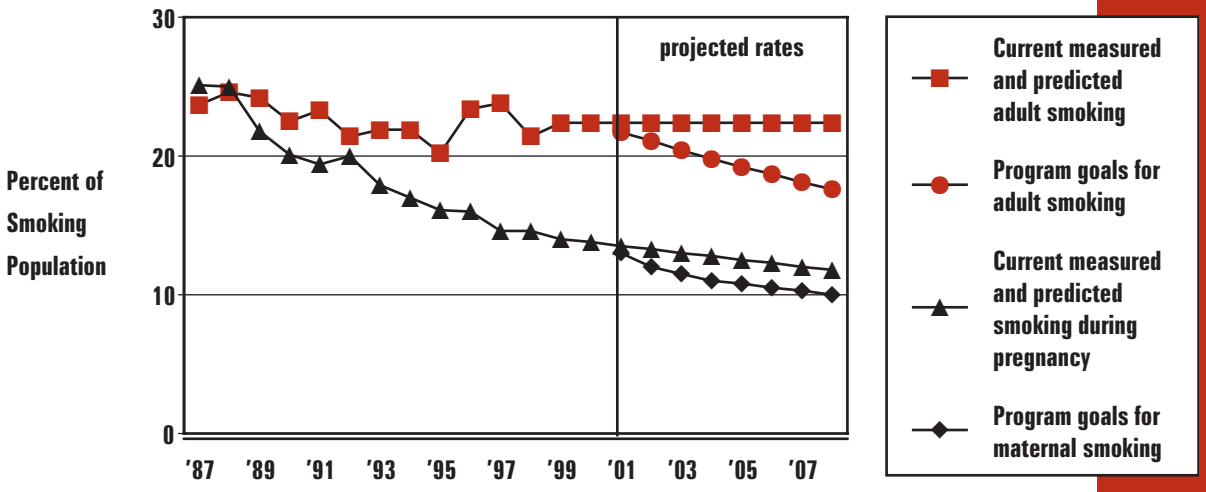
By 2008, these activities aim to reduce the number of adult smokers in this state by 200,000 and the number of youth who use tobacco by 20,000. Fewer than 10% of women will smoke while pregnant. We will begin to see a downturn in the number of cases of lung cancer and emphysema. Taking on this enormous public health problem requires vision and commitment to sustainability.

The next Chapter presents detailed descriptions of each of the integrated components essential to an effective tobacco prevention program. The first-year data include specific information on initiatives planned by counties and statewide contractors. The long-term plan through 2008 illustrates how the Department of Health and its partners will adjust the program over time in order to meet individual outcomes.

Tobacco prevention efforts will build on, rather than replace, current community-based activities and benefit from their understanding of local abilities and needs.

Projected Outcomes to Reduce Smoking

Smoking Rates* for Adults and Pregnant Women, 1987-2008

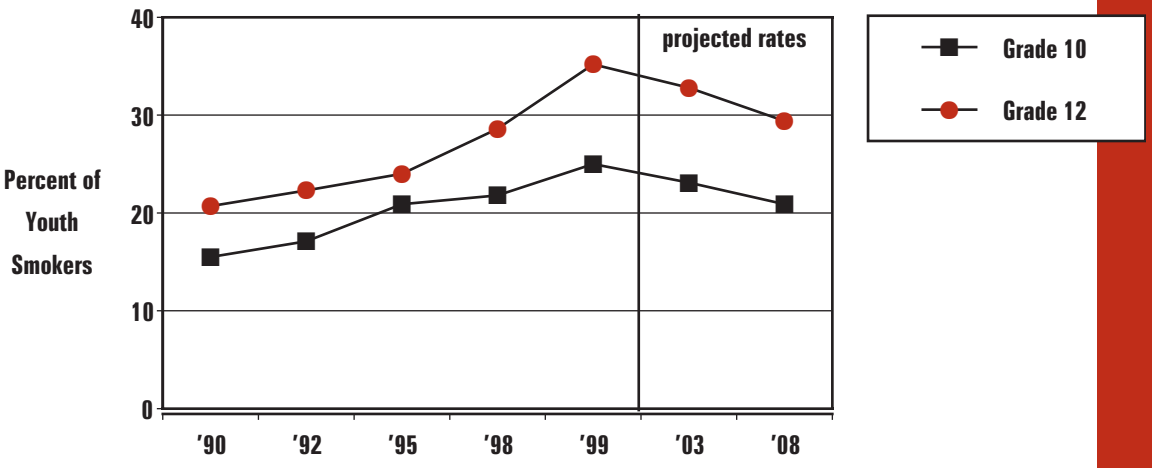


*Projected outcomes assume sustained funding through 2008.

Program goals:

- Reduce the current share of adult smokers by 9% in three years and by 20% in eight years.
- Reduce the share of maternal smoking during pregnancy by an additional 10% in three years and 15% in eight years.

Youth Smoking Rates* in Washington, 1990-2008



*Projected outcomes assume sustained funding through 2008.

Program goal:

- Reduce the share of youth who report current smoking by 8% in three years and 17% in eight years. Tobacco prevention and control efforts will be fighting the upward momentum in the social acceptability of smoking among teens.

Implementation: FY 2001 Plan

What will the first year of the tobacco prevention program buy?

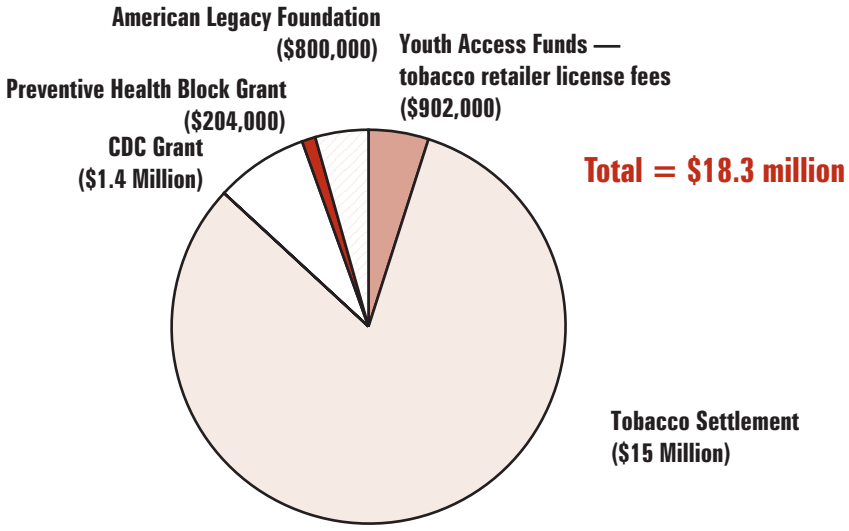
It will mobilize tobacco prevention in every county in Washington State. It will enhance tobacco prevention programs in public schools. It will provide 12,000 adult tobacco users with the support they need to quit. It will purchase television and radio spots to saturate the state with anti-tobacco messages that are known to work.

To keep this work consistent with the vision of the Washington State Tobacco Prevention and Control Plan, all programs will adhere to these implementation principles:

- Program components will be integrated—designed to support each other by communicating prevention and cessation messages from several sources.
- Prevention resources will finance activities in all of Washington's 39 counties, working through local contractors and community partnerships.
- Community-based and school-based programs will collaborate on planning and strategies.

The next pages show FY 2001 implementation activities across the prevention plan's six program components.

FY 2001 Tobacco Prevention and Control Program Funding Sources



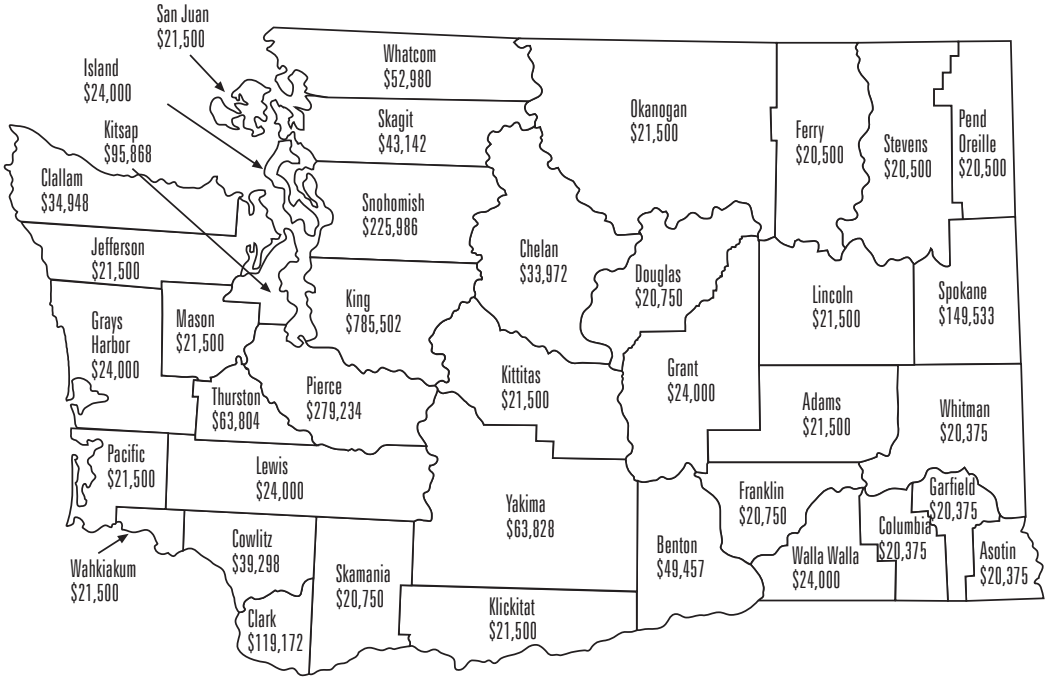
Community-based Programs—$4 million

Every county will receive a direct share of settlement funding based mostly on their population—from $20,000 in smaller rural counties to nearly $800,000 in King County. Work will be conducted through local partnerships and contractors, some of which will be the state's 34 local public health jurisdictions.

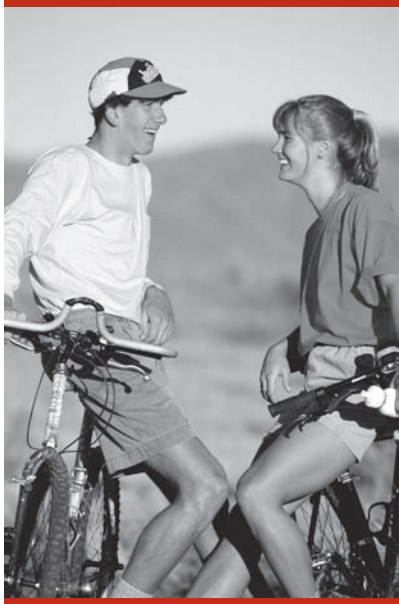
Community-based programs include statewide and regional activities ($1.5 million) such as an information clearinghouse and technical assistance, as well as programs financed through tribal grants and contracts ($360,000). All contract language will promote integration of community work with other program components. Communities will begin to coordinate planning and activities with tobacco prevention programs in public schools.

The following map shows how settlement funds will be distributed for community-based programs in Washington counties.

Tobacco Settlement Funding—Community-based Programs (County Funding), FY 2001



County Total = $2.5 million



Community-based funding will be allocated during Year 1 according to population size and existing tobacco control infrastructure. The six most populated counties—King, Pierce, Snohomish, Spokane, Clark, and Kitsap—have the longest history of working on tobacco. This means they will receive a majority of the funding and be required to address all four CDC goals. Counties with less infrastructure will focus on a narrower scope and type of work.

For example, King County's first year activities include the following:

- **Preventing youth initiation—** Increased public awareness and education for youth and adults, prevention messages focused at specific populations, increased education, and enforcement of youth access laws
- **Promoting cessation—** Use of American Cancer Society's Fresh Start Family booklets by community providers, including brief interventions with pregnant women and mothers
- **Reducing exposure to ETS—** Education and awareness training for restaurant owners, updated smoke-free restaurant guides
- **Reducing disparities—** Increased involvement of special populations in state and national tobacco prevention and control events

In Thurston County, a medium-size community with moderate funding, Year 1 activities will include:

- **Preventing youth initiation—** Continued support for the local youth coalition and mobilization of youth to talk about tobacco prevention to peers and adults
- **Promoting cessation—** Support for cessation activities in schools and juvenile correction facilities

Initial allocation of significant resources in the largest counties ensures that the greatest proportion of the population will be affected.

In the Northeast Tri-County region, which has less infrastructure than other counties for tobacco prevention and control, cessation activities will include an assessment of local tobacco awareness and behaviors and a tri-county plan to promote the toll-free Quit Line.

In addition to settlement funds, community-based programs will be supported by federal funds from CDC and by youth access funds collected from retailer license fees.

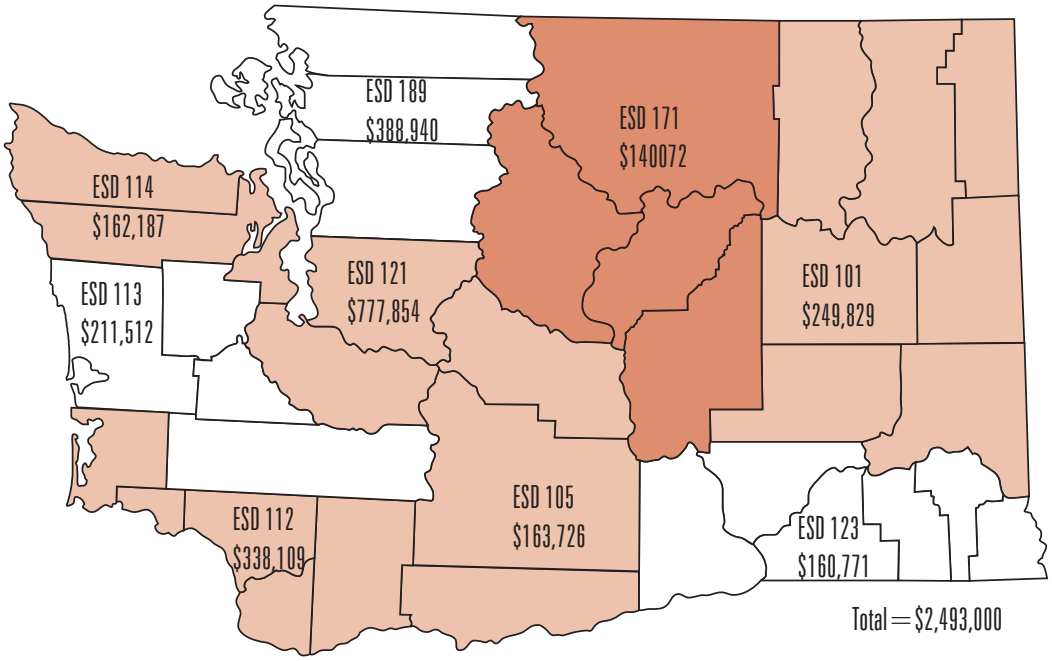
School-based Programs—$2.5 million

About 15% of Washington's 8th-graders and 25% of its 10th-graders smoke. Close to half of smokers begin by age 12. For this reason, the Tobacco Prevention and Control Plan will target resources at middle school, grades 5-9. The Department of Health will distribute funds for school-based programs through the state's nine Educational Service Districts, as shown in the map below.

The ESDs are required to develop a three-year implementation plan that describes demographic information for each of their schools and project capacity, data-gathering, and program activity for FY 2001-2003. The ESDs will be accountable for ensuring that school districts collaborate with community contractors, develop and enforce school policies on tobacco use, implement research-based prevention curricula, and participate in national events.

Prevention and intervention centers, based within each ESD, will coordinate and implement activities, including media literacy programs to help young people recognize and resist tobacco advertising. Funds for school-based tobacco prevention programs will be enhanced by grant support from the American Legacy Foundation for media awareness training.

Funding for School-based Programs By Educational Service Districts FY 2001



Cessation—$1.2 million

Three broad activities will be implemented during Year 1. Contractors will develop and implement a statewide Quit Line that will provide counseling and referral to local programs for 12,000 adults and full telephone follow-up to 1,600 callers who either are enrolled in Medicaid or are uninsured. The program will also make nicotine replacement therapy available to about 400 clients who are Medicaid-covered or uninsured. Insured callers will be referred to their health plans or community resources.

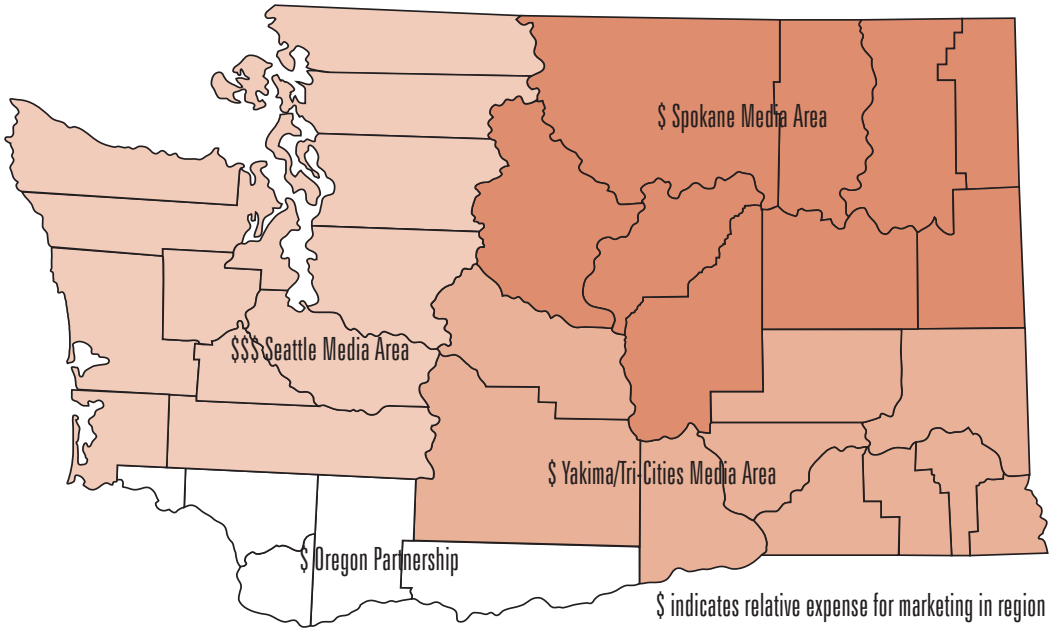
In July 2000, the Department of Health and the Department of Social and Health Services Medical Assistance Administration implemented a pilot project to determine performance indicators related to tobacco cessation counseling. The project selected 10 pilot counties where women delivering babies during January and February 2001 will receive counseling.

Partnership funds will be used to create a statewide training, consultation, and technical assistance center that will provide training for health care providers. The center will prepare local trainers to approach and provide consultation to health care systems to implement cessation services and monitor both service delivery and improvement.

Public Awareness and Education—$5.3 million

The tobacco industry spends about $100 million a year in Washington to encourage people to use its products. To counter industry marketing, the

Washington Media Markets



Department of Health has contracted for a mass media campaign that targets youth grades 4-12 and adults interested in quitting.

An integrated media approach will use television, radio, print, internet advertising, and place-based media (mall kiosks, signage in movie theater lobbies, and ticket-backs) within three primary markets—Yakima/Tri-Cities, Spokane, and Seattle, as shown on the map on page 17. To stretch resources, contractors have begun collaborative efforts with the state of Oregon's anti-tobacco campaign in the Portland area to promote the Washington Quit Line and educate Washington youth.

The campaign, scheduled to launch in October 2000, will use ads that have been proven effective in other states. Each ad will be tested before being used in Washington. About 20% of the public awareness and education budget will be invested in activities to increase awareness of the adult Quit Line. Media advocacy efforts and community events will include promotion of local prevention efforts.

Youth Access—$100,000

This component builds on current state programs that regulate and educate retailers of cigarette products to discourage sales to youth under age 18. Funds will be combined with resources spent on community-based programs to promote enforcement and reduction of availability from families, older siblings, and noncompliant retailers. The activities will emphasize multilingual and culturally appropriate services for diverse ethnicities of retailers.

Assessment and Evaluation—$1.2 million

To evaluate the overall success of prevention and control programs, the Department of Health will collect local data from all counties and conduct standard evaluations of program activities and progress measurements.

FY 2001 assessment activities include development and implementation of a web-based reporting system for school and community-based programs; a special assessment of targeted populations (including non-English speaking); and school and county-based surveys of tobacco awareness, attitude, and behaviors. Communities and schools will receive technical assistance and participate in web-based reporting of data.

Administration

Administrative costs in the program's first year are projected at $700,000, which will support Department of Health staff assigned to develop, manage, and provide technical assistance and training for nearly 100 contracts. The Department will also continue to support the activities of the Tobacco Prevention and Control Council.

A Sustainable Plan: FY 2002 to 2008

The 2000 Legislature asked the Department of Health to develop a "long-term program" to invest funds from the Tobacco Prevention and Control Account. The FY 2001 activities set the course for this sustained effort.

Over the next seven years, public health officials will continually review and fine-tune these activities to ensure that funds in the Tobacco Prevention and Control Account are spent where they are most effective.

Evaluation is vital to this approach. The Department of Health will provide a comprehensive program outcome review by Year 3. Results will be used to determine the funding necessary for the tobacco prevention and control activities during the FY 2003-05 Biennium. Spending could intensify at this point and support activities that show the best results at changing attitudes about tobacco and helping people quit using tobacco products.

Following the third year of activities, the Department of Health will present the Legislature with program evaluation results, including changes in tobacco use rates for youth and adults.

Integration of activities will be monitored and included in reports. The six program components are designed to adhere to best practices and link together by a single policy objective—to reduce tobacco use. No component can work optimally without the others.

The next two pages contain a projected overview of the Tobacco Prevention and Control Plan across the six components through FY 2008.

A comprehensive program review by Year 3 will be used to determine the funding necessary for tobacco prevention and control activities during the FY 2003-05 Biennium. Spending could intensify at this point and support activities that show the best results.

Sustainable Activities: FY 2002 to 2008

Program Components

Community-based Programs

Counties will promote attitudes encouraging healthy behaviors as well as anti-tobacco messages in connection with statewide media efforts. Collaborative efforts with schools will educate youth about the importance of cessation. Programs will also focus on creating an increased number of outdoor locations where smoking is prohibited. Efforts will increase the number of smoke-free environments within private industry, manufacturing plants, bars, and restaurants.

School-based Programs

Schools will work to increase student knowledge and awareness of tobacco use. Through these efforts, students will change attitudes, behaviors, and acceptance of tobacco use among their peers. Tobacco prevention curricula will target every student within the public school system. Schools will partner students with local community groups to conduct media education activities that will increase the number of local smoke-free environments.

Cessation

Citizen groups and non-profit organizations will mobilize to provide cessation services to all Washington citizens. Public health officials and advocates will work to include cessation services in public and private health insurance benefit packages. Cessation will be emphasized in correctional facilities and treatment centers. Smokers will learn about the dangers smoking causes to themselves and those around them.

Public Awareness and Education

These efforts will lead the state's way in changing attitudes and behaviors associated with tobacco use. Messages on television, radio, and in other media will discourage teens from starting tobacco use and assist them in discouraging other teens from starting. Smokers will receive empowering tobacco prevention messages and will be directed toward cessation services and other community-based programs to help them throw off their addiction.

Youth Access

The Department of Health, the Department of Licensing, the Division of Alcohol and Substance Abuse, local health jurisdictions, and the state Liquor Control Board will continue to work together to build programs that discourage access to tobacco by youth younger than 18, as prescribed by state law. Retailer education will be emphasized throughout the state. Other statewide efforts will include an increased program of compliance checks to ensure that retailers are following the state laws.

Assessment and Evaluation

The success and improvement of the tobacco prevention and control program will rely heavily on the assessment and evaluation efforts conducted statewide. Evaluation of the whole program and individual program components will be conducted using scientific methods that are valid, rigorous, and honest. Continued identification of best practices will direct activities across all six program components.

Activities	Outcomes
Encourage effective policies in schools (alternatives to suspension). Reach low-literacy populations. Support community involvement in cessation. Decrease number of places to smoke.	Lower prevalence among pregnant women Capacity established to ensure local effectiveness Cessation resources accessed Programs targeted to special needs populations
Expand curricula to target grades 1-4 and 10-12 and to emphasize peer refusal skills. Increase access to school-based cessation services. Increase parental prevention education.	Reduced youth initiation Improved resistance to industry messages Lower prevalence of youth using tobacco Increased resources available to educators
Develop and implement a youth Quit Line. Consult with health insurers interested in providing cessation coverage. Investigate standards for counselors/providers. Facilitate provision of services in adult treatment centers and correction facilities.	More successful quitters Increased awareness, availability, and use of cessation services Recognition of cessation best practices Increased effectiveness of health professional interventions and referrals
Develop new ads for Washington State. Use survey results to adjust campaign reach (audience share) and frequency (number of times messages are seen and heard). Increase free media time.	Increased campaign awareness Increased negative attitudes about tobacco Decreased youth and adult use Continued calls to Quit Lines Less receptivity to pro-tobacco messages
Develop manuals for local health jurisdictions that identify youth access laws and protocols. Create culturally appropriate materials to encourage retailers not to sell tobacco to youth.	Retailer compliance rate of 90% in Washington State by 2002 Decreased youth access to tobacco products from all sources Increased policy enforcement
Use information to improve programs. Review and validate evaluations. Measure awareness of Quit Line and media campaign. Provide assistance and consultation.	Ability to measure progress and demonstrate program accountability Availability of current local and statewide data on program activity and success Ongoing monitoring of status of tobacco use across the state

Program Accountability

Program administration performs two important duties: managing the money effectively and ensuring that all parts of the program work together to produce the best results. Experienced Department of Health staff combine funding, legal requirements, and information to integrate the program's components, elevate the skills of its contractors, and use assessment and evaluation results to adjust program operations.

Managing the Funds

Staff will allocate and disburse funds via contracts and then oversee the successful completion of those contracts. Contractors will be selected through competitive bidding or, in the case of communities and schools, applications for funds. Both involve rigorous review of work to be performed, ensuring that only qualified contractors are selected. Frequent monitoring and review of contract performance will provide evidence that the program's funds are being well spent. Leveraging those dollars will be a major emphasis, combining grants from private foundations and federal agencies with settlement funds to broaden the reach of the program. The recently awarded grant from the American Legacy Foundation is a good example. These funds will combine with existing funding to supplement school-based programs by expanding tobacco prevention efforts into grades 10-12.

Connecting the Parts

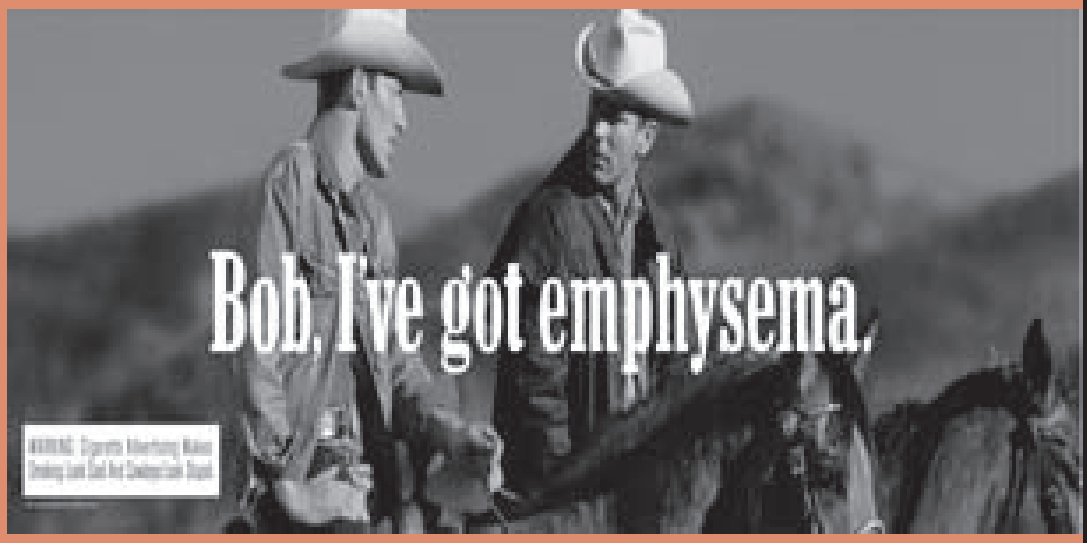
Department of Health staff will use contracts, technology, and data collection tools to ensure that each program component is strengthened by the presence of other components. For example, school-based classroom activities will frequently be reinforced by messages in the media campaign and related community-based activities. Successful efforts from around the state will be identified and promoted to expand practices that work well. The statewide system will be further enhanced by the regular publication and dissemination of tobacco-related information that will provide more specific guidelines for best practices.

Guiding the Program

In 1999, the Department of Health recognized the need for expert guidance in tobacco prevention, and it established the 16-member Tobacco Prevention and Control Council. This body was instrumental in designing and planning the program. Since its creation, four new youth members have joined the Council. In future years, the Department of Health will continue to seek the Council's guidance to interpret assessment data, to prioritize how resources are spent statewide, and to develop new strategies. Component-specific advisory groups will continue to support the program staff to respond to changes in science, program performance, and industry tactics.

Appendices:

Budget Strategies
Work Groups and Staff


Bob, I've got emphysema.

Budget Strategies

During most of 1999, the Department of Health worked with members of the Tobacco Prevention and Control Council to produce a long-term and sustainable plan for Washington State. This group based its work on best practices and programs proven to reduce tobacco use.

With support from CDC and national organizations such as the National Campaign for Tobacco-Free Kids, the plan focused on 3- and 10-year outcomes. The Department of Health brought this plan to the 2000 Washington Legislature, requesting $26.24 million to carry out all of its activities and cover the cost of program administration during FY 2001.

The Legislature appropriated $15 million for tobacco prevention during Year 1, about 60% of the Department of Health's request. Based on this new funding level, the Department and the Council reviewed all projected program activities for FY 2001 and made strategic decisions about how to preserve the science of the original plan within the $15 million budget. These decisions, for each program component, are explained below.

Community-based Programs

What was preserved:

- Information clearinghouse is retained but may charge for materials.
- Limited funding is retained for all counties based on population and infrastructure.
- Limited training and technical assistance are available to support communities and enhance statewide cessation activities.

What was cut:

- Per capita funding for most counties is below CDC recommended levels.
- Statewide youth board has been eliminated.
- Training and technical assistance are reduced.
- Programs to reach underserved populations are reduced.

Impact of reduced funding:

Most counties must focus on building capacity (staff, training, planning, community mobilization, and youth involvement) during FY 2001.

Communities with existing infrastructure receive the highest per capita funding, and they will be responsible for the greatest results.

Tribes, the clearinghouse, and statewide training and technical assistance are funded at close to original levels.

Statewide support for multicultural and rural populations was cut by 85%. Funding for state-level partnerships and infrastructure and to support regional and local cessation programs were eliminated.

School-based Programs

What was preserved:

- Programs for grades 5-9 will be administered by ESDs.

What was cut:

- Year 1 programs will not target grades K-4 or 10-12.

Impact of reduced funding:

Instead of most public school students, programs will reach about 41% of students.

The effects on other components will be reduced: less youth involvement in community and public education activities, fewer school-community partnerships, and reduced access to youth cessation services.

Cessation

What was preserved:

- Services are retained for 15,000 callers.
- Full service follow-up is retained for 2,000 callers.
- Training of health care providers is retained.
- Consultation continues with health care systems.

What was cut:

- Services are reduced—10,000 fewer calls, 3,000 fewer full follow-ups.
- The youth Quit Line is dropped in Year 1.
- Technical assistance to health plans, providers, and employers is decreased.

Impact of reduced funding:

Follow-up services to callers will be limited.

Reduced availability will result in lower quit rates.

Public Awareness and Education

What was preserved:

- Television and radio time will be purchased in three major markets.
- About 15% of this budget will be spent on an advertising contractor (industry standard).
- About 10% will be spent on a public awareness campaign.

What was cut:

- Original TV and radio development is dropped.
- Purchases of radio and TV time are reduced.
- Some targeted groups (adults ages 18-24, pregnant women, and new parents) are dropped in Year 1.

Impact of reduced funding:

The threshold to achieve stated outcomes for media is $5 million. Tobacco prevention campaigns are more costly than most public health campaigns because they attempt to "sell" a change in cultural and social norms. This requires a high level of message repetition.

Youth Access

What was preserved:

- 21,000 packets will be distributed to retailers.

What was cut:

- Retailer education materials are reduced.

Impact of reduced funding:

Retailers will be reached more slowly.

Education efforts will initially target only noncompliant retailers.

Assessment and Evaluation

What was preserved:

- County-level data will be collected.
- Web-based reporting systems for schools will move ahead, but with little technical assistance.

What was cut:

- Local level data for mid-size counties and by sub-population are eliminated in FY 2001.
- Training and technical assistance for web-based reporting systems are reduced.
- Most external consulting and support is dropped.

Impact of reduced funding:

Data collected will measure the "bottom line" but will not allow for significant evaluation by component or subgroup.

Web-based reporting will be less efficient.

Administrative Costs

What was preserved:

- In FY 2001, three full-time Department of Health positions were added to assist with program oversight.

What was cut:

- Three full-time interagency and 2.5 full-time Department of Health positions are eliminated from the plan.

Appendix
Work Groups and Staff

Community-based Programs

Chair: Alonzo Plough, Ph.D., MPH,
Public Health—Seattle & King County

Staff: Dave Harrelson, Department of Health; Tom Wiedemann, Department of Health

Myra Alberton—Colville Tribal Health Program

Astrid Berg—American Lung Association of Washington

Bob Conroy—Evergreen Hospital

Willa A. Fisher, MD, MPH—
Bremerton-Kitsap County Health District

Nancy Golosman—Washington DOC

Peggy Haecker—Community Mobilization Program, Benton-Franklin Substance Abuse Coalition

Renee Hunter—Community Mobilization Program, Chelan-Douglas Together! For Drugfree Youth

Elaine Ishihara—Washington Asian and Pacific Islander Families Against Substance Abuse

Colin Jones—Public Health—Seattle & King County

Jennifer Lane—Grant County Prevention and Recovery Center

Nancy McKindsey—Tacoma-Pierce County Health Department

Clarence Spigner, Dr. PH, MPH—University of Washington
School of Public Health and Community Medicine

Sue Vermeulen—King County Nurses Association

Michael Wise—Educational Service District 123

School-based Programs

Chair: Terry Lindquist, Ph.D., Puget Sound Educational Service District

Staff: Marie Hruban, Department of Health

Rick Anthony—White Pass School District

Ray Arment—Eatonville School District

Debbie Barlow—Auburn High School

Jim Dupree, MD—Renton School District

Deanna Fraker—Tukwila School District

Maddy deGive—North Thurston School District

Laura Edwards—Community Mobilization Program, King County Community Organizing Program

Donna Foxley—Auburn School Board

Marilee Hill-Anderson—Sumner School District

John Hughes—Office of the Superintendent of Public Instruction

Kathleen Keely—Fred Hutchinson Cancer Research Center

Bea Lorensen—Highline School District

Eustacia Mahoney—American Cancer Society

Martin Mueller—Office of the Superintendent of Public Instruction

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Barbara Ritter—Bethel School District

Michael Silver—Tukwila School District

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Cessation

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Barb Lisaius—Regence BlueShield

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Washington DOC

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Lisa LaFond—Public Awareness and Education

Suzanne Mackler—Administration

Jodi Suminski—Environmental Tobacco Smoke

Tom Wiedmann—Community-based Programs